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FEE TRANSMITTAL for FY 2007

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$1,270.00

Complete if Known

Application Number	10/522,155
Filing Date	November 4, 2005
First Named Inventor	Yasuhiro CHUOUNO
Examiner Name	Satish Chandra
Art Unit	1763
Attorney Docket No.	033082 M 238

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number **02 - 4300**

Deposit Account Name **SMITH, GAMBRELL & RUSSELL**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)			- 0 -

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20	= 3 X 50. = 0	
Independent Claims	3	= 0 X 210. = 0	
Multiple Dependent		X = 0	

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9
SUBTOTAL (2)		\$	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	460	2252	230
1253	1,050	2253	525
1254	1,640	2254	820
1255	2,230	2255	1,115
1401	510	2401	255
1402	340	2402	170
1403	1,030	2403	515
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	810	2801	405
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$1,270.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael A. Makuch	Registration No. (Attorney/Agent)	32,263	Telephone	202 263 4300
Signature				Date	December 11, 2007

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